

# PERMISSION TO ENTER

\_\_\_\_\_  
**Date**

Lewis County Community Development Department  
Lewis County Health & Social Services (Environmental Health)  
2025 NE Kresky Avenue  
Chehalis, WA 98532

I understand that County regulations require owner permission for County personnel to enter private property to conduct permit processing, review and inspections. I also understand that my failure to grant permission to enter, or an inability to contact me for prior notification of the time and date of inspection entries, may result in denial or withdrawal of a permit or approval.

Applications have been submitted for the following services:

1) \_\_\_\_\_; 2) \_\_\_\_\_; 3) \_\_\_\_\_;  
(Enter Type of Permit – i.e., building, septic, etc., – include all that apply)

which may require on-site permit processing, review and inspection by employees of the Community Development Department, Lewis County Environmental Services or Public Works for the property at:

\_\_\_\_\_ ; and \_\_\_\_\_ ;  
(site address/location) (tax parcel number)

By my signature below, permission is granted for representative(s) of the Community Development and Public Health Departments (Planning, Environmental, and Building sections) to enter and remain on and about the property for the sole purpose of processing such permits and performing required inspections and/or reviews.

**By my signature below, I certify that I am either the current legal owner of this property or their authorized representative. With this document I take full responsibility for the lawful action that this document allows.**

Prior notification of the date of inspection(s) will take place is:

[ ] Not required      [ ] Required: - ( ) \_\_\_\_\_ - \_\_\_\_\_ (Must provide phone number where applicant/representative can be reached)

\_\_\_\_\_  
**Name as listed on Application**  
**(Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Mailing Address of Signatory (Street / P.O. Box)**

\_\_\_\_\_  
Name of individual signing this document  
( ☐ Property Owner or ☐ Authorized Agent )  
**(Please Print)**

\_\_\_\_\_  
**City, State, Zip**